

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2020
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NAME OF PROVIDER OR SUPPLIER WESTPORT REHABILITATION AND NURSING CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 1/14/20 through 1/16/20. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Four complaints were investigated during the survey.</p> <p>The census in this 225 certified bed facility was 168 at the time of the survey. The survey sample consisted of 55 current resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-110. Management and administration Cross reference to F600, F607, F609</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F550, F578, F622, F600, F607, F609, F757</p> <p>12VAC5-371-150. Resident rights. Cross reference to F550, F600, F622</p> <p>12VAC5-371-200. Director of nursing Cross reference to F658</p> <p>12VAC5-371-220. Nursing services Cross reference to F657, F757</p> <p>12VAC5-371-240. Physician services Cross reference to F757</p> <p>12VAC5-371-250. Resident assessment and care</p>	F 001	<p>12VAC5-371-110. Management and administration Please See POC F600, Please See POC 607, Please See POC F609</p> <p>12VAC5-371-140. Policies and Procedures. Please refer to POC F550, Please refer to POC 578, Please refer to POC F622, Please refer to POC F600, Please refer to POC F607, Please refer to POC F609, Please refer to POC F757</p> <p>12VAC5-371-150. Resident rights. Please refer to POC F550, Please refer to POC F600, Please refer to POC F622</p> <p>12VAC5-371-200. Director of nursing Please refer to POC F658</p> <p>12VAC5-371-220. Nursing services</p>	2/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/10/20

State of Virginia

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F 001	Continued From page 1 planning. Cross reference to F641, F656, F657, F757 12VAC5-371-300. Pharmaceutical services. Cross reference to F757 12VAC5-371-360. Clinical records. Cross reference to F622 and F 842	F 001	Please refer to POC F657, Please refer to POC F757 12VAC5-371-240. Physician services Please refer to POC F757 12VAC5-371-250. Resident assessment and care planning. Please refer to POC F641, Please refer to POC F656, Please refer to POC F657, Please refer to POC F757 12VAC5-371-300. Pharmaceutical services. Please refer to POC F757 12VAC5-371-360. Clinical records. Please refer to POC F622, Please refer to POC F 842	